

Free-Market Medicine: A Personal Account



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January 27, 2012

When I recently went to Alta Bates hospital for surgery, I discovered that legal procedures take precedence over medical ones. I had to sign intimidating statements about financial counseling, indemnity, patient responsibilities, consent to treatment, use of electronic technologies, and the like.

One of these documents committed me to the following: “The hospital pathologist is hereby authorized to use his/her discretion in disposing of any member, organ, or other tissue removed from my person during the procedure.” Any member? Any organ?



The next day I returned for the actual operation. While playing Frank Sinatra recordings, the surgeon went to work cutting open several layers of my abdomen in order to secure my intestines with a permanent mesh implant. Afterward I spent two hours in the recovery room. “I feel like I’ve been in a knife fight,” I told one nurse. “It’s called surgery,” she explained. Then, while still pumped up with anesthetics and medications, I was rolled out into the street. The street? Yes, some few hours after surgery they send you home. In countries that have socialized medicine (there I said it), a van might be waiting with trained personnel to help you to your abode.

Not so in free-market America. Your presurgery agreement specifies in boldface that you must have “a responsible adult acquaintance” (as opposed to an irresponsible teenage stranger) take you home in a private vehicle. I kept thinking, what happens to those unfortunates who have no one to bundle them away? Do they languish endlessly in the hospital driveway until the nasty weather finishes them off?

You are not allowed to call a taxi. Were a taxi driver to cause you any harm, you could hold the hospital legally responsible. Again it’s a matter of liability and lawyers, not health and doctors.

One of the two friends who helped me up the steps to my house then went off to Walgreen’s to buy the powerful antibiotics I had to take every four hours for two days. I dislike how antibiotics destroy the “good bacteria” that our bodies produce, and how they help create dangerous strains of super-resistant bacteria. I kept thinking of a recent finding: excessive reliance on medical drugs kills more Americans than all illegal narcotics combined.

So why did I have to take antibiotics? Because, as everyone kept telling me, hospitals are seriously unsafe places overrun with Staph infections and other super bugs. It’s a matter of self-protection.

Two days after surgery I noticed a dark red discoloration on my lower abdomen indicating internal bleeding. I was supposed to get a follow-up call from a nurse who would check on how I was doing. But the call might never come because the staff was planning a walkout. “We have no contract,” one of them had told me when I was in the recovery room. So now the nurses are on strike---and I’m left on my own to divine what my internal bleeding is all about. What fun.

Fortunately, it didn’t turn out that way. A nurse did call me despite the walkout. Yes, she said, it was internal bleeding, but it was to be expected. My surgeon called later in the day to confirm this opinion. Death was not yet knocking.

A few days later, there were massive nurses strikes on both coasts. Among other things, the nurses were complaining about “being disrespected by a corporate hospital culture that demands sacrifices from patients and those who provide their care, but pays executives millions of dollars.” (New York Times, 16 December 2011). One cold-blooded management negotiator was quoted as saying, “We have the money. We just don’t have the will to give it to you” (ibid.).

As for the doctors, both my surgeon and my general practitioner (GP) are among the victims, not the perpetrators, of today’s corporate medical system. My GP explained that it is an endless fight to get insurance companies to pay for services they supposedly cover. Feeling less like a doctor and more like a bill collector, my GP found he could no longer engage in endless telephone struggles with insurance companies.

There are 1,500 medical insurance companies in America, all madly dedicated to maximizing profits by increasing premiums and withholding payments. The medical industry in toto is the nation's largest and most profitable business, with an annual health bill of about \$1 trillion.

Along with the giant insurance and giant pharmaceutical companies, the greatest profiteers are the Health Maintenance Organizations (HMOs), notorious for charging steep monthly payments while underpaying their staffs and requiring their doctors to spend less time with each patient, sometimes even withholding necessary treatment.

I am without private insurance. And my Medicare goes just so far. Like many other doctors, my GP no longer accepts Medicare. For a number of years now, Medicare payments to physicians have remained relatively unchanged while costs of running a practice (staff, office space, insurance) have steadily increased. So now my GP's patients have to pay in full upon every visit—which is not always easy to do.

Our health system mirrors our class system. At the base of the pyramid are the very poor. Many of them suffer through long hours in emergency rooms only to be turned away with a useless or harmful prescription. No wonder "the United States has the worst record among industrialized nations in treating preventable deaths" (Healthcare-NOW! 1 December 2011).

Too often the very poor get no care at all. They simply die of whatever illness assails them because they cannot afford treatment. An acquaintance of mine told me how her mother died of AIDS because she could not afford the medications that might have kept her alive.

In Houston I once got talking with a limousine driver, a young African-American man, who remarked that both his parents had died of cancer without ever receiving any treatment. "They just died," he said with a pain in his voice that I can still hear.

Living just above the poor in the class pyramid are the embattled middle class. They watch medical coverage disappear while paying out costly amounts to the profit-driven insurance companies. I was able to get surgery at Alta Bates only because I am old enough to have Medicare and have enough disposable income to meet the co-payment.

For my out-patient operation, the hospital charged Medicare \$19,466. Of this, Medicare paid \$2,527. And I was billed \$644. The hospital then writes off the unpaid balance thus saving considerable sums in taxes (amounting to an indirect subsidy from the rest of us taxpayers). Had I no Medicare coverage, I would have had to pay the entire \$19,466.

I was informed by the hospital that the \$19,466 charge covers only hospital costs for equipment, technicians, supplies, and room. So besides the \$644, I will have to pay for any pathologists, surgical assistants, and anesthesiologists who performed additional services. I am waiting for the other shoe to drop.

How much does my surgeon earn? Not much at all. He gets about \$400 to \$500 for everything, including my pre-op and post-op visits and the surgery itself, an exacting undertaking that requires skills of the highest sort. He also has to maintain insurance, an office, an assistant, and an increasing load of paperwork.

My surgeon pointed out to me, "If you ask people how much I make on an operation like yours, they will say \$4000 to \$5000, and be wrong by a factor of ten." He noted that in a recent speech President Obama criticized a surgeon for charging \$30,000 to replace a knee cap. "The surgeon gets a minute fraction of that amount," my doctor pointed out.

To make matters worse, there is talk about cutting Medicare payments to physicians by 27 percent. If this happens, it is going to be increasingly difficult to find a surgeon who will take Medicare. Still worse, the private insurance companies will join in squeezing the physicians for still more profits.

I was able to meet my payment (\$644) not only because my operation was heavily subsidized by Medicare but because it was a one-day "ambulatory surgery." I don't know how I would fare if I had to undergo prolonged and extremely costly treatment.

So much for life in the middle class. At the very top of the class pyramid are the 1%, those who don't have to worry about any of this, the super rich who have money enough for all kinds of state-of-the-art treatments at the very finest therapeutic centers around the world, complete with luxury suites with gourmet menus.

Among the medically privileged are members of Congress and the U.S. president. They pay nothing. They are treated at top-grade facilities. They enjoy, how shall we put it, socialized medicine. No conservative lawmakers have held fast to their free-market principles by refusing to accept this publicly funded, medical treatment.

John Mackey, CEO of Whole Foods, cheerfully announced that medical care is not a human right; it should be "market determined just like food and shelter." Nobody has a higher opinion of John Mackey than I, and I think he is a greed-driven, union-busting bloodsucker. Nevertheless I will give him credit for candidly admitting his dedication to a dehumanized profit pathology.

The U.S. medical system costs many times more than what is spent in socialized systems, but it delivers much less in the way of quality care and cure. That's the way it is intended to be. The goal of any free-market service---be it utilities, housing, transportation, education, or health care---is not to maximize performance but to maximize profits often at the expense of performance.

If profits are high, then the system is working just fine---for the 1%. But for us 99%, the profit lust is itself the heart of the problem.

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